

HOT SPOT

Hang on Tight—Stories, Parables, Occurrences, Training

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Spotlight on Decubitus

A decubitus ulcer is a pressure sore or what is commonly called a “bed sore.” This can range from a very mild pink coloration to the skin (which disappears in a few hours after pressure is relieved on the area), to a very deep wound extending to and sometimes through a bone into internal organs. Follow the instructions of the physician concerning the care of the wound.

The usual course of forming a decubitus ulcer is from pressure. However, it can also occur from friction by rubbing against something (such as a bed sheet, cast, brace, etc.), or from prolonged exposure to cold. Any area of tissue that lies just over a bone is very likely to form a decubitus ulcer. The weight of the person’s body presses on the bone, the bone presses on the skin and tissue that cover it, and the tissue is trapped between the bone structure and bed or wheelchair surface. This compresses the blood vessels in the skin and underlying tissues. The tissue then begins to decay from lack of blood circulation. This is the basic mechanism for the formation of decubitus ulcers.

The basic treatment of decubitus ulcers is prevention. Prevention cannot be stressed too strongly. Prevention consists of changing the person’s position every two hours or more often if needed. Frequent turning is MANDATORY to alleviate pressure on the wound and to promote healing. Prevention also consists of protection and padding to prevent tissue abrasion as well as the elements of nutrition, hydration, hygiene, etc. A second portion of the treatment for a decubitus ulcer involves keeping the area clean and removing dead or necrotic tissue, which can form a breeding ground for infection. The use of antibiotics when appropriate is also part of the treatment. Some deep wounds may require surgical removal of dead tissue. Without these elements being in place, the wounds will not heal and, in fact, will quickly worsen.

Normally skin is intact and has no abrasions. Any break in skin integrity may lead to infection or a pressure ulcer. Caregiver concerns or observations regarding an individual’s skin must be communicated to the appropriate nurse or administrator. While assisting an individual with personal hygiene, the caregiver will assess all external body surfaces.

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MORTALITY ALERT!

Coumadin. COULD THIS HAPPEN TO YOU?

Most everyone has seen someone with a simple nosebleed, or even had a nosebleed. This is usually not a big issue. You sit quietly and apply pressure to the outside of the nose and it stops bleeding. After that you are very careful not to blow you nose or “pick” it so it will not start bleeding again. Shortly thereafter, everything is back to “normal.” However, what do you do if things just don’t work as expected? Say for example that the nosebleed continues at a very slow rate. Is this just to be ignored? Is this to be reported? What happens if the person is taking an anticoagulant? Could this simple nosebleed become deadly?

Coumadin is an anticoagulant. An anticoagulant helps reduce clots from forming in the blood. These clots can cause serious medical problems. A clot can move to another part of the body. For example, if a clot moves to your brain, it can cause a stroke. Coumadin blocks the formation of vitamin K- dependent clotting factors in the liver. Vitamin K is needed to make clotting factors that help the blood to clot and prevent bleeding. Coumadin reduces the body’s ability to make blood clots. It can help stop harmful clots from forming and keeps clots from getting larger. Coumadin does not break up existing blood clots. The most common side effect of Coumadin includes bleeding and allergic reactions. Every individual on an anticoagulant is at

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Caregivers must be particularly alert when assessing an individual with reduced sensation, vascular insufficiency, and immobility. Dependent body parts are exposed to pressure from underlying surfaces; such as, mattresses or wrinkled linens. Individuals need to be turned frequently to ensure proper circulation and comfort. The development of pressure sores is a common complication. Skin breakdown can result from immobilization. Casts, bandages, and restraints can exert pressure on underlying surfaces, causing irritation and skin breakdown. The caregiver will immediately report signs and symptoms of skin breakdown; such as, redness; irritation; improper fitting prosthesis, postural, protective, and/or supportive devices.

Stages of Pressure Ulcers

Pressure ulcers may occur initially in the superficial layers of the skin.

Stage I: Discoloration of intact skin, including non-blanchable erythema, blue/purple and black discoloration. There is surface reddening of the skin. The skin is unbroken. It may look like a light sunburn. The decubitus ulcer quickly fades when pressure is relieved on the area. The injury is superficial. Treatment consists of turning or alleviating pressure, as well as covering, protecting, and cushioning the area.

Stage II: Partial-thickness skin loss involves epidermis and/or dermis. Ulcer is superficial and presents clinically as an abrasion, blister, or shallow crater. A partial layer of the skin is now injured. Involvement is no longer superficial. Coverings designed to insulate and absorb as well as protect are used. Prevention, protection, nutrition, and hydration are important. Close attention is needed to prevent the development of a Stage III wound.

Stage III: Full-thickness skin loss involves damage or necrosis of subcutaneous tissues; but not through the underlying fascia and not extending to the underlying structures. It is a primary site for a serious infection to occur. The goals and treatments of alleviating pressure and covering and protecting the wound still apply as well as an increased emphasis on nutrition and hydration. Medical care is necessary to promote healing and to treat and prevent infection. This type of wound will progress very rapidly if left unattended. Infection is of serious concern.

Stage IV: Full-thickness skin loss occurs with extensive destruction, and tissue necrosis extending to the underlying bone, tendon or joint capsule. This is very serious and can produce a life-threatening infection, especially if not aggressively treated. All of the goals of protecting, cleaning and alleviation of pressure on the area still apply. Nutrition and hydration is now critical. Without adequate nutrition, this wound will not heal. The wound requires medical care by someone skilled in wound care.

Preventive Measures

- Change the person's position every 2 hours and more frequently if redness or irritation of the skin develops.
- Use soft pads and pillows to protect the skin.
- Keep the skin clean and dry.
- Contact a medical professional if redness or irritation of an area of the skin remains more than a few hours.
- Visiting nurses, physical therapists, occupational therapists and physicians are good sources of medical assistance for the prevention as well as the treatment of decubitus ulcers.

Decubitus ulcers should be viewed as preventable, not excusable.

COULD THIS HAPPEN TO YOU? Find and Read The Order of Conservatorship

Some individuals with disabilities may need assistance in making important decisions in their life. Some individuals can and do make responsible decisions on their own and understand the general consequences of those decisions. Others need decision-making assistance only in certain areas. Some individuals, however, may not be able to make informed decisions about aspects of their life and may need conservators/guardians or other substitute decision-makers.

Conservatorship is a legal responsibility defined by the court. The ISC and the Circle of Support/Team are responsible for doing an in-depth review of conservatorship annually. The conservator is to act in the best interest of the person. Individuals have the right to refuse treatments/services. It is important to realize that a person may be competent to make a decision on some matters but not on others. For example, a person may be competent to understand and manage most personal health, hygiene, and business matters, but not quite grasp the serious threat that frostbite or gangrene, left untreated, most likely would pose not only to the affected limb or appendage but to overall health. When such noncompliance presents a risk of harm to the individual, the ISC, Circle of Support/Team, and conservator must come together to address the issue.

Individuals have the right to life sustaining treatment and advance medical directives. It is discriminatory and a violation of human rights to withhold medical treatment from a person with mental retardation that would be given as a matter of course to a person without mental retardation having the same physical ailment. It is the right of every person to make his/her own decision about accepting or refusing offered medical care and treatment, to the extent that the person is competent to do so, after receiving all information relevant to available care and treatment options and the probable outcomes of implementing or not implementing those options. When there are life and death issues, and, for whatever reason, there is difficulty with the conservator, ISCs should call the Division of Mental Retardation Services Regional Office for assistance first. All persons have the right to make advance medical directives in accordance with Tennessee and federal law.

MRSA

The individual I care for has “MRSA”. What is that? Can I catch this? How do I act around this person? Is it safe to be near them?

What is MRSA?

Staphylococcus aureus, often referred to simply as “staph,” is a bacteria commonly found on the skin of healthy people. Occasionally, staph can get into the body and cause an infection. This infection can be minor (such as pimples or boils) or serious (such as blood infections or pneumonia). Methicillin is an antibiotic commonly used to treat staph infections. Although methicillin is very effective in treating most staph infections, some staph bacteria have developed resistance to methicillin and can no longer be killed by this antibiotic. These resistant bacteria are called methicillin/oxacillin-resistant Staphylococcus aureus, or MRSA. It is one of the most commonly encountered multidrug-resistant organisms. MRSA can be colonized or infectious. Colonization means that the organism is present in or on the body but is not causing illness. Infection means that the organism is present and is causing illness.

Who gets MRSA?

MRSA infection usually develops in hospital patients who are elderly or very sick, or who have an open wound (such as a bedsore) or a tube (such as a urinary catheter) going into their body. Healthy people rarely get MRSA.

Where is MRSA found?

MRSA can be found on the skin, in the nose, and in blood and urine. If you care for an individual with MRSA, find out what body fluids contain the MRSA. Find out if the MRSA is colonized or infectious.

Is MRSA Treatable?

Yes. Although MRSA is resistant to many antibiotics and often difficult to treat, a few antibiotics can still successfully cure MRSA infections. Individuals who are only colonized with MRSA usually do not need treatment.

Can MRSA spread?

Yes. MRSA can spread among others, usually those who are very sick with weak immune systems that may not be able to fight off infections. MRSA is usually spread by physical contact, and not through the air.

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MORTALITY ALERT!

Coumadin. COULD THIS HAPPEN TO YOU?

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risk when they have **any** bleeding. Bleeding can occur internally as well as externally. Notify doctor immediately if person shows any signs of bleeding or experiences falls, injuries, or blows to the head or body.

Contact your healthcare provider immediately if any of the following signs or symptoms occur:

- Headache, dizziness, trouble breathing, chest pain, or weakness
- Bleeding from shaving or other cuts that does not stop
- Nosebleeds
- Bleeding of gums when brushing teeth
- Throwing up blood
- Unusual bruising (black-and-blue marks on the skin) for unknown reasons
- Red or dark brown urine
- Red or black color in the stool
- More bleeding than usual during menstrual period or unexpected vaginal bleeding
- Unusual pain or swelling
- Vomiting, diarrhea, infection, or fever

Coumadin interacts with many drugs, including prescription and over-the-counter (OTC) drugs. **Check with healthcare provider before starting, changing, or stopping any drug.** Some of the OTC drugs that may interact with Coumadin include Tylenol; aspirin and aspirin-containing ointments and skin creams; ibuprofen; naproxen; Tagamet; Zantac; and vitamin supplements containing vitamin K. Herbal medications may interact with Coumadin.

Large changes in the amount of vitamin K you eat may affect the way Coumadin works. It is important to keep the diet consistent so the amount of vitamin K eaten is consistent. Many foods have vitamin K in them, and vitamin K helps your blood make clots. Foods containing fat substitutes, such as Olestra, are supplemented with fat-soluble vitamins including vitamin K. these foods should be considered a source of vitamin K in the diet. In addition, avoid herbal teas that have tonka beans, melilot (sweet clover), or sweet woodruff in them. Tell the healthcare provider if there is a change in diet because of illness. Do not make drastic changes to your diet, such as eating large amounts of leafy, green vegetables.

Remember, it is more important to keep the diet consistent.

The health care provider determines how much Coumadin is needed by ordering certain blood tests. This blood test is called a *prothrombin time* test, or *protime* (PT) for short, and is reported as International Normalized Ratio (INR). This test tells how fast your blood is clotting and whether the dosage of Coumadin should change. To lower the risk of bleeding, the PT/INR should be kept within a range that is right for you. The dosage may change, so make sure you take the right dose of Coumadin daily. **Take the Coumadin at the same time every day. Do not take with food. Take it exactly the way the healthcare provider tells you.**

- Tell anyone giving you medical or dental care that you are taking Coumadin.
- Carry identification stating that you are taking Coumadin.
- Since Coumadin and generic warfarin are used for the same purpose, do not take both forms of tablets together unless specifically directed to do so by the healthcare provider.
- Do not participate in any activity or sport that may result in serious injury.

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When a person with MRSA is being cared for at home, what precautions are followed?

Always wash your hands! Caregivers usually put on gloves, especially if they are helping to take care of the individual and likely to come in contact with the skin, blood, urine, wound, or other body substances. Wash your hands after removing the gloves. Visitors should always wash their hands before leaving.

Periodically clean the person's room and personal items with a commercial disinfectant or a fresh solution of one part bleach and 100 parts water. Be sure to ask the health care provider about what precautions should be taken at home. It is extremely important to maintain the individual's ability to socialize. Infected or colonized persons should be permitted to participate in group meals and activities if draining wounds are covered, bodily fluids are contained, and the person observes good hygienic practices.

What precautions should family caregivers take for infected person in their homes?

- First, follow good hygiene practices.
- Caregivers should wash their hands with soap and water after physical contact with the person and before leaving the home.
- Towels used for drying hands after contact should be used only once.
- Disposable gloves should be worn if contact with body fluids is expected and hands should be washed after removing the gloves.
- Handle, transport, and process used linens soiled with blood, body fluids, secretions, and excretions in a manner that prevents

skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to others and environments.

- Linens should be changed and washed if they are soiled with body fluids.
- Ensure that frequently touched surfaces receive daily cleaning and when soiled with body fluids.
- In addition, tell any health care providers who treat the individual that they have MRSA.

Is it safe to be in the same room as an individual with MRSA?

Again, healthy people are at very little risk of being infected with MRSA. Therefore, as long as family members, caregivers, and other visitors (including children) are healthy, it is okay for them to be in the same room with a person with MRSA. Casual contact, such as touching or hugging, is also okay. However, be sure to wash your hands before you leave the individual's home.

Pursuant to the State of Tennessee's policy of nondiscrimination, the Department of Mental Health and Developmental Disabilities does not discriminate on the basis of race, sex, religion, color, national or ethnic origin, age, disability, or military services in its policies, or in the admission or access to, or treatment or employment in, its programs, services or activities.

The Tennessee Department of Mental Health and Developmental Disabilities is committed to principles of equal opportunity, equal access and affirmative action. Contact the department's EEO/AA Coordinator at (615) 532-6580, the Title VI Coordinator at (615) 532-6700 or the ADA Coordinator at (615) 532-6700 for inquiries, complaints or further information. Persons with hearing impairment should call (615) 532-6612.



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